

TheHandi-Van Service

*For Persons with Disabilities Unable to Ride
TheBus*



APPLICATION PACKET CONTENTS:

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Department of Transportation Services
Jeremy Harris, Mayor
City and County of Honolulu

TheHandi-Van Service Information

TheHandi-Van is an advance reservations, shared ride, CURB to CURB paratransit service for persons with disabilities who are unable to use regular fixed route bus service, TheBus.

TheHandi-Van fare is \$2.00 per one-way passenger trip.

CURB to CURB service means you will be picked up at the nearest and safest point next to the curbside fronting the public street address you requested. You will be dropped off at the nearest and safest point next to the curbside of your destination address requested.

TheHandi-Van is public paratransit service, not a taxi and does not provide ambulance or emergency type service.

If you require emergency services please call 911.

TheHandi-Van service area, days and hours are the same as the fixed route bus service, TheBus, in your area of the island of Oahu. Call Reservations 456-5555 if you have any questions.

HOW DO I APPLY?

Application packets are available at all Satellite City Halls and major hospital social service departments. Remove the application and complete the application found in the middle of this packet. Have a health care professional of your choice fill in the verification page. Mail the completed and verified application forms to the Department of Transportation Services address listed at the end of this section.

Your application will be reviewed to determine if you are qualified. If you qualify you will be asked to get a picture I.D. card and more information about TheHandi-Van service will be sent to you.

Please make sure your application is complete and all questions are answered. Incomplete applications will be returned and not processed until completed.

COMPLAINTS AND COMMENDATIONS

Phone or Write:

*The***Handi-Van
Contractor
(Oahu Transit Services
Inc.),
811 Middle Street
Honolulu, Hawaii 96819**

Reservations:
(8:00 A.M. TO 5:00 P.M.,
daily)
Phone: (808) 456-5555

Cancel, Late Van &
Changes:
Phone: (808) 454-5055

Consumer Advocate &
Customer Service:
(8:00 A.M. TO 5:00 P.M.
M-F)
Phone: (808) 454-5050

TTY: (808) 454-5045
Facsimile: (808) 454-5090

City Agencies

Office of Information &
Complaints
City & County of Honolulu
530 So. King St., 3rd floor
Honolulu, Hawaii 96813

Phone: (808) 523-4381
Facsimile: (808) 523-4386

Dept. of Transportation
Services
Paratransit Operations
Branch
650 South King Street
3rd Floor
Honolulu, Hawaii 96813

Phone: (808) 523-4083
Facsimile: (808) 527-6924

TheHandi-Van Paratransit Service

Eligibility Information Sheet

The Americans with Disabilities Act of 1990 (ADA) requires fixed- route bus systems to provide paratransit (curb-to-curb) service to eligible persons who, because of a disability, are unable to use the regular bus system.

The Department of Transportation Services (DTS) operates TheBus, fixed-route bus transit, and TheHandi-Van, paratransit, through contracts with a private management company.

Eligibility for paratransit service is based upon a person's disability and functional capabilities to use the regular TheBus service. Three categories of persons who are eligible for paratransit service are established by the ADA.

Eligibility Criteria

Category 1

Any person who is unable, because of a disability, to independently board, ride, and/or disembark from a lift equipped bus. This includes persons who are unable to "navigate" TheBus system without the assistance of another person.

For example, the individual is unable to:

- ! board or disembark from an accessible bus without assistance (please note that one does not have to be a wheelchair user to use the accessible bus lift: individuals may stand on the lift.);
- ! maintain balance while seated on a moving bus;
- ! identify the correct bus or bus stop;
- ! understand transfer directions needed to complete the trip.

Category 2

Any person with a disability who is able to use a lift or ramp equipped bus, but for whom any desired trip cannot be made because the fixed route he/she wants to ride is not operated by a lift or ramp equipped bus.

(This is a transitional category. When all City buses are accessible, persons in this category will no longer be eligible for paratransit service.)

Category 3

Any person with a disability who has a specific impairment-related condition which **prevents** him/her from traveling to or from a boarding or disembarking location (bus stop).

- A. Only a specific impairment-related condition which prevents the individual from traveling to or from a bus stop is a basis for eligibility under this category. A condition which makes traveling to or from a bus stop difficult, but does not prevent the travel, is not a basis for eligibility under this paragraph.
- B. Architectural barriers not under the control of the DTS and environmental barriers (e.g., distance, terrain, weather) do not alone form a basis for eligibility. However, the interaction of such barriers with an individual's impairment-related condition may form a basis for eligibility if the effect is to prevent the individual from traveling to or from the bus stop.

Eligibility under Category 3 may be situational under the following conditions:

- ! extreme weather conditions interact with an impairment-related condition;
- ! variations in the health/functional ability of the individual;
- ! visual, cognitive or developmental disability prevents travel to or from a bus stop for exceptional trips.

Conditional Eligibility

Some persons with disabilities may be able to use the regular TheBus service under certain conditions, but not under others. Eligibility for paratransit for some persons will be determined on a trip-by-trip basis. Examples of conditional eligibility under each eligibility category are as follows:

Category 1: A person with mental retardation (developmental disability) or blindness (vision impairment) may have received mobility training that allows him/her to travel independently to/from a work site, but is not able to "navigate" TheBus system to travel to other locations. This person will be eligible for paratransit only for trips other than work.

Category 2: A person who requires a lift or ramp to board TheBus and whose desired destination is served by accessible bus service is not eligible for paratransit service for that particular trip. However, if that person desires to travel to a destination that is not served by accessible buses, he/she will be eligible for paratransit for that trip.

Category 3: A person who uses a wheelchair who can travel to the bus stop in good weather but is unable to maneuver with mud on the ground would be eligible for paratransit service only on days of severe weather conditions.

Temporary Eligibility

A person with a temporary disability will be eligible for paratransit service if the disability results in his/her functional inability to use TheBus system as described in the three eligibility categories.

Personal Care Attendants (PCA)

A personal care attendant (i.e., someone designated or employed specifically to help the eligible person meet his/ her personal needs and without whom the eligible person would

not be able to ride) accompanying an eligible person may travel free. The PCA must be registered with the DTS.

Visitors

Persons visiting TheHandi-Van service area who provide documentation of ADA paratransit eligibility from another area will automatically be eligible for TheHandi-Van paratransit service. Persons who do not possess documentation but claim their disability prevents them from using TheBus system will be considered "presumptively" eligible for a period not to exceed 21 days. If the person plans to remain in the area longer, he/she must go through the eligibility process which has been established for residents.

Professional Verification

It will be necessary for DTS to obtain a verification of an applicant's disability from a health care professional (licensed physician, therapist, social worker, or nurse, or certified or registered specialist) designated by the applicant. The DTS will send the application to the designated health care professionals to provide this verification at no cost to the applicant.

Your application is not considered complete until we received this verification back from your health care professional.

In-Person Evaluation

It may be necessary for some applicants to participate in an in-person evaluation to determine eligibility for TheHandi-Van paratransit services. Notification will be given if this will be required. An in-person evaluation will be conducted at no cost to the applicant.

Right to Appeal

Persons who are denied eligibility for TheHandi-Van paratransit services have the right to appeal the decision. A request for appeal must be filed in writing within 60 days of the denial of the application.

A copy of the appeal process is available from the DTS during regular business hours at the DTS offices.

DTS Address and Phone Number

Mail application form and inquiries to:

DEPARTMENT OF TRANSPORTATION SERVICES
650 South King Street, 3rd Floor
HONOLULU, HI 96813
Phone Number: (808) 523-4083
Fax Number: (808) 527-6924

TheHandi-Van Paratransit Service
(ADA Paratransit Eligibility)
Application Form

Please print legibly or type. Answer questions completely or application will be returned.

1. Check one of the two underlined words below:

RESIDENT of, or VISITOR to the City & County of Honolulu.

2. What is your Last Name? _____

3. What is your First Name _____ & Middle Initial(s) _____

4. Mark one title below:

Mr. Mrs. Miss Ms. Other: _____ (Dr., Rev., etc.)

5. What is your Date of Birth _____

6. What two locations on **Oahu** will you be picked up at most often?
(i.e. home, doctor, ARC, SECOH)

Location Name:

1. _____

*Street

Address: _____ City _____ Zip Code _____

2. _____

*Street

Address: _____ City _____ Zip Code _____

**Do not use P.O. Box numbers or Building names.*

7. What is your Mailing Address: _____

City _____ State _____ Zip Code _____

8. What is your Oahu Phone: (daytime) _____ (evening) _____

9. Have you ever had or do you currently have a TheHandi-Van Card?

YES NO If YES, Card No. _____ Expiration Date _____

10. Check all that apply below:

I am able to use TheBus with an attendant for:

Getting on/off the bus

Waiting 10 minutes at the bus stop

Riding alone on a bus

Keeping balance on the bus

Identifying the bus I need

Getting off at the right place

Walking 10 feet to a seat or getting to a wheelchair securement space

Other (describe)_____

I can use TheBus with a wheelchair lift or ramp but:

TheBus with wheelchair lift or ramp is not available in my area.
My wheelchair is 30 inches wide by 48 inches long but TheBus cannot accommodate it.

The wheelchair lift cannot be deployed at my bus stop(s). List locations:_____

I can use accessible buses and travel to and/or from a bus stop if:

C I have an attendant.

I have to travel less than ___ feet or ___ blocks to or from the stop.

I receive travel training for the stops I use.

I travel during daylight hours.

It's not raining and/or slippery.

I don't have to cross any streets.

It's not an extremely hot, cold or humid day.

There are curb cuts.

There is a sidewalk.

The ground is level or only slightly inclined.

Other _____

11. Do you use any of the following mobility aids? (check all that apply)

Manual Wheelchair

Red and White Cane

Powered Wheelchair

Walker

Powered Scooter

Crutches

Cane

Personal Care Attendant

Service Animal

None Listed

Other (explain)_____

12. What is the nearest bus stop to your home? (i.e. King and Middle St.)

I can get to this bus stop by myself:

Yes No or Sometimes because_____

13. Do you need another person with you when you ride TheHandi-Van?

Yes, because _____ No

14. Can you see informational street and transit signs?

Yes No If NO, please explain why not _____

NOTE: A person's **inability to read English** because it is a foreign language does not qualify applicant for ADA paratransit eligibility.

15. Can you state your name, address and telephone number if asked?

Yes No If NO, please explain why not _____

16. Can you recognize places (landmarks) around your stop (destination) while traveling on TheBus?

Yes No If NO, please explain why not _____

17. Can you deal with unexpected situations or changes in your travel routine? (i.e. bus detours and/or temporary bus stop relocation)
Yes No If NO, please explain why not _____

18. Can you ask for, understand and follow directions?
Yes No If NO, please explain why not _____

19. Can you safely and effectively travel through crowded conditions?
Yes No If NO, please explain why not _____

20. When the weather is good, can you travel three (3) blocks on a level sidewalk with curb cuts?
Always Never Sometimes or Not Sure, because _____

21. Have you ever had any training on how to use TheBus?
Yes No If **YES**, date: _____& agency that did training _____
22. Is your health condition or disability which prevents you from using TheBus permanent?
Yes No I Don't Know If **NO**, how long do you think you will need TheHandi-Van services? _____ months.
23. Does your ability to use TheBus system change from time to time? (for example: After radiation treatment, because of nausea or fatigue, I cannot use TheBus.)
Yes No If **YES** please describe reasons: _____

24. Are there any other conditions that limit your ability to use TheBus?

Yes

No

If **YES**, please explain the conditions:_____

I authorize the health care professional listed on the last page of this application to release information regarding my disability and its affect on my ability to get around on my own and use Oahu's fixed route transit system, TheBus.

Name of Health Care Professional: _____

Office address: _____ City _____

State ____ Zip Code _____ Phone Number (____) _____

I hereby certify that to the best of my knowledge the information given on the previous pages is correct and can be verified by a health care professional of my choice.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

If you are not the applicant but have completed this application on the applicant's behalf, you must provide the following information:

Last Name _____ First _____ Initial ____

Mailing Address _____ City _____

_____ State ____ Zip Code _____ Daytime Phone (____) _____

Relationship to applicant: _____

I hereby certify that to the best of my knowledge the information given on the previous pages is correct and can be verified by the applicant's health care professional.

Signed _____ Date _____

Health Care Professional Verification
of Applicant's Disability and Functional Capabilities

Please Note: Your certification should consider only the presence of a disabling condition(s) and its affect(s) upon the applicant's ability to use TheBus. A person does not qualify for ADA paratransit service if they find it difficult or uncomfortable to travel to or from bus stops. They must be **unable** to independently get to or from bus stops, ride TheBus, and/or navigate (find their way) the system.

I have read the preceding pages/application in its entirety. I agree with the all information provided for _____
(Applicants Name)

Yes No If, **NO**, please list question number and explain why you do not agree with the response to the question(s): _____

The applicant's inability to use TheBus because of _____

(Print Diagnosis of Disability above)

Temporary: Expected Duration until ____/____/____.
Long term: Conditions with potential for improvement or long periods of remission.
Expected Duration until ____/____/____.
Permanent: Condition with no expectation of improvement. (Maximum of 4-year ADA paratransit eligibility card will be issued)

I hereby certify that the above information is true. False verification may result in the disqualification of the application.

Signature _____Date_____
Print Name and Title _____
License # _____
Address _____
City _____ State _____ Zip Code _____
Telephone number (____) _____

PLEASE MAIL COMPLETED APPLICATION AND VERIFICATION TO:

ADA Paratransit Eligibility
Department of Transportation Services
650 South King Street, 3rd Floor
Honolulu, Hawaii 96813